

Case Number:	CM14-0213908		
Date Assigned:	12/31/2014	Date of Injury:	10/15/2011
Decision Date:	02/27/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 52 year old female with an injury date of 10/15/11. Based on the progress report dated 03/13/14, the patient complains of pain and spasms in the lumbar spine that radiate all the way down to bilateral hips. Physical examination reveals tenderness to palpation over L4-5 and L5-S1 and bilateral SI joints along with spasms. The patient also has lower extremity weakness and deconditioning. In progress report dated 01/30/14, the patient complains of neck pain and left upper extremity radiculopathy. Physical examination reveals some tenderness in the cervical spine on the left side with radiation in the left C6 distribution. The patient usually relies on stretching, NSAIDs and occasional Gabapentin, as per progress report dated 01/30/14. Medications, as per the same progress report, include Mobic, Prilosec, Vicodin and Gabapentin. The patient has been declared permanent and stationary and is working, as per progress report dated 03/13/14. Diagnoses, 03/13/14:- Cervical spine disc herniation at C3-4 with flattening of the cervical spine according to that level as well as radiculopathy in C6 distribution- Thoracic sprain strain- Lumbar spine 2-3 mm disc bulges at L4-5 and L5-S1 The utilization review determination being challenged is dated 11/22/14. Treatment reports were provided from 05/30/13 - 03/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient complains of pain and spasms in the lumbar spine that radiates all the way up to bilateral hips, as per progress report dated 03/13/14. The request is for Omeprazole 20 mg. In progress report dated 01/30/14, the patient complains of neck pain and left upper extremity radiculopathy. MTUS pg. 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, a prescription for Prilosec (omeprazole) is first noted in progress report dated 07/15/13. A prescription of Prilosec and Mobic (NSAID) is noted in progress report dated 01/30/14. Only one other progress report, dated 03/28/14, is available for review and it does not mention either of them but states that medications are being refilled. The treater, however, does not discuss any gastric symptoms due to NSAID use. There is no quantity or intended duration of use in the request. Additionally, the patient is under 65 years of age, and there is no history of gastrointestinal issues in him. The treater does not mention concurrent use of ASA, corticosteroids, and/or an anticoagulant as well. Given the lack of adequate documentation in terms of GI risk assessment, this request is not medically necessary.